BEST AVAILABLE COPY

								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									703338				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			55			35	Γ	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED NUMB			ER EXTRA	E	BASIC FEI	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			7 minus 20= *			33		X\$ 9=		OR	X\$18=	594	
INDEPENDENT CLAIMS			$\frac{3}{5}$ minus 3 = $\frac{2}{2}$					X40=	1	OR	X80=	160	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				-	+135=	1	OR	+270=		
* If	the difference	in column 1 is l	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								TOTAL		ION	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A	3/16/04	CLAIMS REMAINING AFTER AMENDMENT	• •	NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ZDM	Total	. 58	Minus		5	= 3		X\$ 9=		OR	X\$18=	54	
ME	Independent	· 10	Minus	***	5_	=,5	╽┠	X40=		OR	X80=	052	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	T CLAIM			.125	1		+270=		
							L	+135= TOTAL		OR	TOTAL	2010	
	(Oakuman 4)							DDIT. FEE		191	PORTEE		
		(Column 1) (Column 2) (Column 2) (Column 2)							ADDI-	, v		_ADDI-	
AMENDMENT B		REMAINING : - AFTER _ .AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE-	TIONAL		RATE-	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							L	TOTA	-	OR	TOTAL		
								DDIT. FEI	E L	1017	ADDIT. FEE		
_	0,0	(Column 1) CLAIMS	8		ımn 2) HEST	(Column 3)			1 400;	1		ADDI	
AMENDMENT C		REMAINING AFTER AMENDMENT	0	NUI PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	1	
	Independent	*	Minus	***		=	┧┟	X40=		OR	X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├			1			
	If the entry in colu	L	+135=		OR	TOTAL							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
	The "Highest Nun	nber Previously Pa	id For" (Total o	r Indepen	dent) is th	e highest numb	er fou	ind in the a	appropriate bo	ox in c	olumn 1.		